

CONTRACT #21
RFS # 318.66-030

Department of F&A
Bureau of TennCare

VENDOR:
Memphis Managed Care
Corporation (TLC)

REQUEST: NON-COMPETITIVE AMENDMENT

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JUN 09 2006

FISCAL REVIEW

APPROVED

Commissioner of Finance & Administration
Date:

Each of the request items below indicates specific information that must be individually detailed or addressed as required.
A REQUEST CAN NOT BE CONSIDERED IF INFORMATION PROVIDED IS INCOMPLETE, NON-RESPONSIVE, OR DOES NOT
CLEARLY ADDRESS EACH OF THE REQUIREMENTS INDIVIDUALLY AS REQUIRED.

RFS #	318.66-030		
STATE AGENCY NAME :	Department of Finance and Administration, Bureau of TennCare		
SERVICE CAPTION :	Managed Care Organization Services/Medically Necessary Health Care Services to the TennCare/Medicaid Population		
CONTRACT #	FA-02-14861-00	PROPOSED AMENDMENT #	11
CONTRACTOR :	Memhis Managed Care Corporation (TLC)		
CONTRACT START DATE :	July 1, 2001		
CURRENT, LATEST POSSIBLE END DATE : (including ALL options to extend)	12/31/2006		
CURRENT MAXIMUM LIABILITY :	\$1,967,225,252.97		
LATEST POSSIBLE END DATE <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	12/31/2006		
TOTAL MAXIMUM COST <u>WITH</u> PROPOSED AMENDMENT : (including ALL options to extend)	\$2,002,211,637.97		
APPROVAL CRITERIA : (select one)	<input checked="" type="checkbox"/> use of Non-Competitive Negotiation is in the best interest of the state <input type="checkbox"/> only one uniquely qualified service provider able to provide the service		
ADDITIONAL REQUIRED REQUEST DETAILS BELOW (address each item immediately following the requirement text)			
(1) description of the proposed additional service and amendment effects :			

This amendment provides modifications to MCO language including: (1) Fraud and Abuse clarification regarding MCOs investigative work in conjunction with the Office of Inspector General; (2) Redefine targets to move away from trends and provide consistent benchmarks among MCOs, including increasing EPSDT benchmark to 80; (3) Modify Credentialing to 30 day performance standard from receipt of completed application for reviewing and loading into system; add LD for non-compliance; (4) Revise Liquidated Damages to add specific LDs, clarify language of compliance with notice requirements vs. appeals, and provide consistency with Middle TN RFP Pro Forma; (5) Update benefit package to reflect current requirements for July 1 including soft limits and cost effective use of Chiropractic services; (6) Update Appeal language to reflect recent Grier filings; (7) Revise provider payment requirement to reflect current operations, TPL, Utilization Summaries and 1099; (8) Make revisions for consistency throughout the Agreement, including EPSDT, Provider Agreement, and Reporting; and (9) Provide funding to continue services for additional six month period.

(2) explanation of need for the proposed amendment :

This amendment is needed to make above modifications as well as provide funding for additional six month period.

(3) name and address of the proposed contractor's principal owner(s) :
(not required if proposed contractor is a state education institution)

1407 Union Avenue, Suite 210, Memphis, TN 38104

(4) documentation of OIR endorsement of the Non-Competitive procurement request :
(required only if the subject service involves information technology)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(5) documentation of Department of Personnel endorsement of the Non-Competitive procurement request :
(required only if the subject service involves training for state employees)

select one:



Documentation Not Applicable to this Request



Documentation Attached to this Request

(6) description of procuring agency efforts to identify reasonable, competitive, procurement alternatives rather than to use non-competitive negotiation :

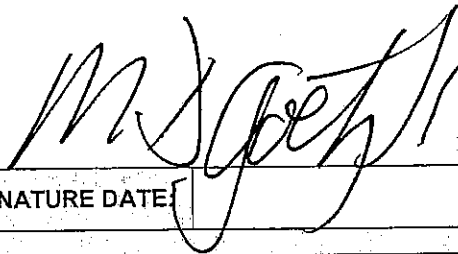
This Contractor is currently providing a network of services for the TennCare Program. This is an amendment to current contract.

(7) justification of why the F&A Commissioner should approve a Non-Competitive Amendment :

The Bureau of TennCare is currently modifying all of the MCO contracts to provide specific language changes for clarity and compliance with current changes in the TennCare program. These MCO contracts provide necessary Health Care Services to the TennCare/Medicaid Population and TennCare would greatly appreciate approval by the Commissioner of F&A.

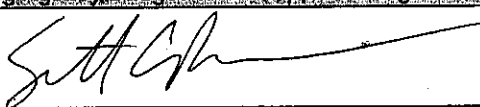
AGENCY HEAD REQUEST SIGNATURE:

(must be signed by the ACTUAL procuring agency head as detailed on the Signature Certification on file with OCR — signature by an authorized signatory will be accepted only in documented exigent circumstances)



SIGNATURE DATE

CONTRACT SUMMARY SHEET

RES Number:	318.66-030	Contract Number:	FA-02-14861-11
State/Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor:		Contract Identification Number:	
MEMPHIS MANAGED CARE CORPORATION (TLC)		<input type="checkbox"/> V- <input type="checkbox"/> C-	
Service Description:			
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population			
Contract Begin Date:		Contract End Date:	
7/1/2001		12/31/2006	
Allocation Code	Cost Center	Object Code	Fund
318.66	4A5	134	11
		<input type="checkbox"/> STARS	
FY	State Funds	Federal Funds	Interdepartmental Funds
2002	\$ 107,897,462.00	\$ 189,156,600.00	
2003	\$ 125,578,900.00	\$ 216,662,400.00	
2004	\$ 122,140,879.32	\$ 221,581,261.65	
2005	\$ 145,810,850.00	\$ 247,872,250.00	
2006	\$ 145,810,850.00	\$ 247,872,250.00	
2007	\$ 81,812,078.00	\$ 150,015,857.00	
Total	\$ 729,051,019.32	\$ 1,273,160,618.65	
CFDA#	93.778 Title XIX Dept. of Health and Human Services		
State Fiscal Contract		Check the box ONLY if the answer is YES:	
Name:	Scott Pierce	Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Address:	310 Great Circle Road	Is the Contractor a Vendor? (per OMB A-133)	
Phone:	Nashville, TN (615)507-6415	Is the Fiscal Year Funding STRICTLY LIMITED?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor on STARS?	
Scott Pierce 		Is the Contractor's FORM W-9 ATTACHED?	
		Is the Contractor's Form W-9 Filed with Accounts?	
COMPLETE FOR ALL AMENDMENTS (only)			
	Base Contract & Prior Amendments	This Amendment ONLY	
END DATE:	12/31/2006		
FY: 02	\$297,054,062.00		
FY: 03	\$342,241,300.00		
FY: 04	\$343,722,140.97		
FY: 05	\$393,683,100.00		
FY: 06	\$393,683,100.00		
FY: 07	\$196,841,550.00	\$34,986,385.00	
Total	\$1,967,225,252.97	\$34,986,385.00	
Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.			

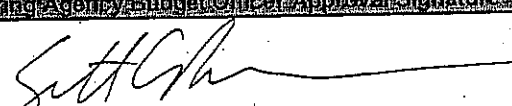
CONTRACT SUMMARY SHEET

RF# Number	318.66-030	Contract Number	FA-02-14861-10
Agency	Department of Finance and Administration	Division	Bureau of TennCare
Contractor		Contract Identification Number	
MEMPHIS MANAGED CARE CORPORATION (TLC)		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description
 Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date	7/1/2001	Contract End Date	12/31/2006
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Attachment Code	Cost Center	Object Code	Funds	Grant	Grant Code	Subgrant Code
318.66	415	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including all amendments)	
2002	\$107,897,462.00	\$189,156,600.00			\$297,054,062.00	
2003	\$125,578,900.00	\$216,662,400.00			\$342,241,300.00	
2004	\$122,140,879.32	\$221,581,261.65			\$343,722,140.97	
2005	\$145,810,850.00	\$247,872,250.00			\$393,683,100.00	
2006	\$145,810,850.00	\$247,872,250.00			\$393,683,100.00	
2007	\$69,470,350.00	\$127,371,200.00			\$196,841,550.00	
Total	\$716,709,291.32	\$1,250,515,961.65			\$1,967,225,252.97	

CED#	93.778 Title XIX Dept. of Health and Human Services	Check the box ONLY if the answer is YES
State Fiscal Contract		Is the Contractor a SUBRECIPIENT (per OMB A-133)?
Name	Scott Pierce	Is the Contractor a Vendor (per OMB A-133)?
Address	310 Great Circle Road	Is the Fiscal Year Funding STAGGAL LIMITED?
Phone	Nashville, TN (615)507-6415	Is the Contractor's STARS?
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?
Scott Pierce		Is the Contractor's Form W-9 Filed with Accounts?

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE	12/31/2006		
FY: 02	\$297,054,062.00		
FY: 03	\$342,241,300.00		
FY: 04	\$343,722,140.97		
FY: 05	\$393,683,100.00		
FY: 06	\$393,683,100.00		
FY: 07	\$196,841,550.00		
Total	\$1,967,225,252.97		

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FISCAL REVIEW

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 OFFICE OF
 MANAGEMENT SERVICES

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CONTRACT SUMMARY SHEET

Contract Number	318.66-030	Contract Number	FA-02-14861-09
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

Contractor	MEMPHIS MANAGED CARE CORPORATION (TLC)	Contract Identification Number	<input type="checkbox"/> V- <input type="checkbox"/> C-
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Service Description	Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population
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Contract Begin Date	7/1/2001	Contract End Date	12/31/2006
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Allocation Code	Cost Center	Object Code	Fund	Grant	Grant Code	Subgrant Code
318.66	415	134	11	<input type="checkbox"/> STARS		
FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including All amendments)	
2002	\$ 107,897,462.00	\$ 189,156,600.00			\$ 297,054,062.00	
2003	\$ 125,578,900.00	\$ 216,662,400.00			\$ 342,241,300.00	
2004	\$ 122,140,879.32	\$ 221,581,261.65			\$ 343,722,140.97	
2005	\$ 145,810,850.00	\$ 247,872,250.00			\$ 393,683,100.00	
2006	\$ 145,810,850.00	\$ 247,872,250.00			\$ 393,683,100.00	
2007	\$ 69,470,350.00	\$ 127,371,200.00			\$ 196,841,550.00	
Total	\$ 716,709,291.32	\$ 1,250,515,961.65			\$ 1,967,225,252.97	

CDAT	93.778 Title XIX Dept. of Health and Human Services	Check the box ONLY if the answer is YES
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State Fiscal Contract	Is the Contractor a SUBRECIPIENT (per OMB A-133)? Is the Contractor a Vendor (per OMB A-133)? Is the Fiscal Year Funding STRICTLY LIMITED? Is the Contractor on STARS? Is the Contractor's FORM W-9 ATTACHED? Is the Contractor's Form W-9 Filed with Accounts?
Name: Scott Pierce Address: 310 Great Circle Road Phone: Nashville, TN (615)507-6415 Procuring Agency Budget Officer Approval Signature:	

COMPLETE FOR ALL AMENDMENTS (only)		
	Base Contract & Prior Amendments	This Amendment ONLY
END DATE	12/31/2006	
FY: 02	\$297,054,062.00	
FY: 03	\$342,241,300.00	
FY: 04	\$343,722,140.97	
FY: 05	\$393,683,100.00	
FY: 06	\$393,683,100.00	
FY: 07	\$196,841,550.00	
Total	\$1,967,225,252.97	

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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 FISCAL REVIEW

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FISCAL REVIEW

Agency	318.66-030	FA-02-14861-08	
Department of Finance and Administration		Bureau of TennCare	
MEMPHIS MANAGED CARE CORPORATION (TLC)		<input type="checkbox"/> V- <input type="checkbox"/> C-	
Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population			
7/1/2001		12/31/2006	
318.66	415	134	11
		<input type="checkbox"/> STARS	
2002	\$ 107,897,462.00	\$ 189,156,600.00	
2003	\$ 125,578,900.00	\$ 216,662,400.00	
2004	\$ 122,140,879.32	\$ 221,581,261.65	
2005	\$ 145,810,850.00	\$ 247,872,250.00	
2006	\$ 145,810,850.00	\$ 247,872,250.00	
2007	\$ 69,470,350.00	\$ 127,371,200.00	
	\$ 716,709,291.32	\$ 1,250,515,961.65	
93.778 Title XIX Dept. of Health and Human Services			
Name	Scott Pierce		
Address	729 Church Street		
City	Nashville, TN		
Phone	(615)532-1362		
Scott Pierce			
		12/31/2006	
FY: 02		\$297,054,062.00	
FY: 03		\$342,241,300.00	
FY: 04		\$343,722,140.97	
FY: 05		\$393,683,100.00	
FY: 06		\$393,683,100.00	
FY: 07		\$196,841,550.00	
		\$1,967,225,252.97	

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

318.66-030

FA-02-14861-07

Department of Finance and Administration

Bureau of TennCare

MEMPHIS MANAGED CARE CORPORATION (TLC)

☐ V-
☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001

12/31/2008

318.66

415

134

11

☐ STARS

2002	\$107,897,462.00	\$	189,156,600.00		\$	297,054,062.00
2003	\$125,576,800.00	\$	216,882,400.00		\$	342,241,300.00
2004	\$122,140,878.32	\$	221,581,261.65		\$	343,722,140.97
2005	\$145,810,850.00	\$	247,872,250.00		\$	393,683,100.00
2006	\$145,810,850.00	\$	247,872,250.00		\$	393,683,100.00
2007	\$ 69,470,350.00	\$	127,371,200.00		\$	196,841,550.00
	\$716,709,291.32	\$	1,250,515,961.65		\$	1,967,225,252.97

93,778

Scott Pierce
 729 Church Street
 Nashville, TN
 (615)532-1362

Scott Pierce



Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr.,
 Commissioner of Finance and Administration, do hereby certify that
 there is a balance in the appropriation from which this obligation is
 required to be paid that is not otherwise encumbered to pay
 obligations previously incurred.

	12/31/2006	12/31/2008
FY: 02	\$297,054,062.00	
FY: 03	\$342,241,300.00	
FY: 04	\$343,722,140.97	
FY: 05	\$343,722,140.97	\$49,860,959.03
FY: 06	\$171,861,070.49	\$221,822,029.51
FY: 07		\$196,841,550.00
	\$1,498,600,714.43	\$468,624,538.54

CONTRACT SUMMARY SHEET

Contract Number	318.66-030	Contract Order	FA-02-14861-05
State Agency	Department of Finance and Administration	Division	Bureau of TennCare

MEMPHIS MANAGED CARE CORPORATION (TLC)

☐ V-
☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001 12/31/2005

Contract Number	Agency	Open Order	Open Order	Contract	Contract	Contract
318.66	415	134	11	<input type="checkbox"/> STARS		
2002	\$107,897,462.00	\$ 189,156,600.00			\$ 297,054,062.00	
2003	\$125,578,900.00	\$ 216,662,400.00			\$ 342,241,300.00	
2004	\$122,140,879.32	\$ 221,581,261.65			\$ 343,722,140.97	
2005	\$122,140,879.32	\$ 221,581,261.65			\$ 343,722,140.97	
2006	\$ 61,070,439.66	\$ 110,790,630.82			\$ 171,861,070.49	
	\$538,828,560.30	\$ 959,772,154.12			\$ 1,498,600,714.43	

Contract	93.778
Contract	Dean Daniel 728 Church Street Nashville, TN (615)532-1362

Dean Daniel *Dean Daniel* 12/23/03

FY	12/31/2005	
FY: 02	\$297,054,062.00	\$0.00
FY: 03	\$342,241,300.00	\$0.00
FY: 04	\$343,722,140.97	\$0.00
FY: 05	\$343,722,140.97	\$0.00
FY: 06	\$171,861,070.49	\$0.00
Total	\$1,498,600,714.43	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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Office of Contracts Review

CONTRACT SUMMARY SHEET

Contract Number	318-66-030	FA-02-14861-04
Department of Finance and Administration		Bureau of TennCare
Contract		Contract Identification Number

MEMPHIS MANAGED CARE CORPORATION (TLC)

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/2001 12/31/2005

318.66	415	134	11	<input type="checkbox"/> STARS	
2002	\$107,897,462.00	\$189,156,600.00			\$297,054,062.00
2003	\$125,578,900.00	\$216,662,400.00			\$342,241,300.00
2004	\$122,140,879.32	\$221,581,261.65			\$343,722,140.97
2005	\$122,140,879.32	\$221,581,261.65			\$343,722,140.97
2006	\$61,070,439.66	\$110,790,630.82			\$171,861,070.49
	\$538,828,560.30	\$959,772,154.12			\$1,498,600,714.43

93.778	
Dean Daniel	
729 Church Street	
Nashville, TN	
(615)532-1362	

Dean Daniel *Dean Daniel* 6/30/03

	12/31/2005	
FY: 02	\$297,054,062.00	\$0.00
FY: 03	\$342,241,300.00	\$0.00
FY: 04	\$342,241,300.00	\$1,480,840.97
FY: 05	\$342,241,300.00	\$1,480,840.97
FY: 06	\$171,120,650.00	\$740,420.49
	\$1,494,898,612.00	\$3,702,102.43

Pursuant to T.C.A., Section 9-6-113,1, M. D. Goetz, Jr., Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

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Office of Contract Management

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CONTRACT SUMMARY SHEET

Department of Finance and Administration

FA-02-14861-03

Bureau of TennCare

MEMPHIS MANAGED CARE CORPORATION (TLC)

☐ V-
☐ C-

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

7/1/01

12/31/05

Contract Number	Contract Type	Contract Value	Contract Term	Contract Status	Contract Code	Contract Description
318.66	415	134	11	<input type="checkbox"/> STARS		
Year	State Fund	Federal Fund	FY	Contract Value	Contract Code	Contract Description
2002	\$ 107,897,462.00	\$ 189,156,600.00			\$	297,054,062.00
2003	\$ 125,578,900.00	\$ 216,662,400.00			\$	342,241,300.00
2004	\$ 125,578,900.00	\$ 216,662,400.00			\$	342,241,300.00
2005	\$ 125,578,900.00	\$ 216,662,400.00			\$	342,241,300.00
2006	\$ 62,789,450.00	\$ 108,331,200.00			\$	171,120,650.00
	\$ 547,423,612.00	\$ 847,475,000.00			\$	1,494,898,612.00

93.778

Dean Daniel
729 Church Street
Nashville, TN
(615)532-1362

Dean Daniel

Dean Daniel 7/1/02

FY	Contract Value	Contract Code
FY: 02		
FY: 03		
FY: 04		
FY: 05		
FY: 06		
TOTAL	\$0.00	\$0.00

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

CONTRACT SUMMARY SHEET

		FA-02-14861-02
Department of Finance and Administration		Bureau of TennCare

MEMPHIS MANAGED CARE CORPORATION (TLC)	<input type="checkbox"/> V- <input type="checkbox"/> C-
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Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date: 7/1/01 Contract End Date: 12/31/05

7/1/01 12/31/05

318.66	415	134	11	<input type="checkbox"/> STARS		
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	2002	2003	2004	2005	2006	2007
2002	\$ 107,897,462.00	\$ 189,156,600.00				\$ 297,054,062.00
2003	\$ 125,578,900.00	\$ 216,662,400.00				\$ 342,241,300.00
2004	\$ 125,578,900.00	\$ 216,662,400.00				\$ 342,241,300.00
2005	\$ 125,578,900.00	\$ 216,662,400.00				\$ 342,241,300.00
2006	\$ 62,789,450.00	\$ 108,331,200.00				\$ 171,120,650.00
2007	\$ 547,423,612.00	\$ 947,475,000.00				\$ 1,494,898,612.00

93.778

Dean Daniel
729 Church Street
Nashville, TN
(615) 532-1862

Dean Daniel *Dean Daniel* 7/1/02

12/31/05

Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.

	12/31/05	
FY: 02	\$297,054,062.00	\$0.00
FY: 03	\$297,054,062.00	\$45,187,238.00
FY: 04	\$297,054,062.00	\$45,187,238.00
FY: 05	\$297,054,062.00	\$45,187,238.00
FY: 06	\$148,527,031.00	\$22,593,619.00
	\$1,336,743,279.00	\$158,155,333.00

CONTRACT SUMMARY SHEET

RFS Number:		Contract Number:	FA-02-14861-01
State Agency:	Department of Finance and Administration	Division:	Bureau of TennCare
Contractor		Contractor Identification Number	
Memphis Managed Care Corporation (TLC)		<input type="checkbox"/> V- <input type="checkbox"/> C-	

Service Description

Managed Care Organization Services/Medically necessary Health Care Services to the TennCare/Medicaid Population

Contract Begin Date		Contract End Date	
7/01/01		12/31/05	
Allotment Code	Cost Center	Object Code	Fund
318.66	109	134	11
		<input type="checkbox"/> on STARS	

FY	State Funds	Federal Funds	Interdepartmental Funds	Other Funding	Total Contract Amount (including ALL amendments)
2002	\$107,897,462	\$189,156,600			\$297,054,062
2003	\$107,897,462	\$189,156,600			\$297,054,062
2004	\$107,897,462	\$189,156,600			\$297,054,062
2005	\$107,897,462	\$189,156,600			\$297,054,062
2006	\$53,948,731	\$94,578,300			\$148,527,031
Total:	\$485,538,579	\$851,204,700			\$1,336,743,279

CFDA #	93.778	Check the box ONLY if the answer is YES:	
State Fiscal Contact		Is the Contractor a SUBRECIPIENT? (per OMB A-133)	
Name:	Dean Daniel	Is the Contractor a VENDOR? (per OMB A-133)	
Address:	729 Church Street	Is the Fiscal Year Funding STRICTLY LIMITED?	
Phone:	Nashville, TN (615) 532-1362	Is the Contractor on STARS?	
Procuring Agency Budget Officer Approval Signature		Is the Contractor's FORM W-9 ATTACHED?	
Dean Daniel <i>Dean Daniel</i> 6/5/02		Is the Contractors Form W-9 Filed with Accounts?	

COMPLETE FOR ALL AMENDMENTS (only)			Funding Certification
	Base Contract & Prior Amendments	This Amendment ONLY	Pursuant to T.C.A., Section 9-6-113, I, C. Warren Neel, Commissioner of Finance and Administration, do hereby certify that there is a balance in the appropriation from which this obligation is required to be paid that is not otherwise encumbered to pay obligations previously incurred.
END DATE →			
Y:			
Y:			
Y:			
Y:			
Y:			
Total:			

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